

Name

Address

Phone

Here

# Seattle Fire Department

## Confidence Test Report

206-386-1448 Confidence Testing Officer

206-615-1068 (fax)

206-233-7219 Red Tag Hotline

<h1 style="margin: 0;">FIRE ALARM SYSTEM</h1> <p style="margin: 0;">(One System per Report)</p>				<p style="margin: 0;">Certification Given</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; padding: 5px;">RED <input type="checkbox"/></td> <td style="border: none; padding: 5px;">YELLOW <input type="checkbox"/></td> <td style="border: none; padding: 5px;">WHITE <input type="checkbox"/></td> </tr> </table>			RED <input type="checkbox"/>	YELLOW <input type="checkbox"/>	WHITE <input type="checkbox"/>
RED <input type="checkbox"/>	YELLOW <input type="checkbox"/>	WHITE <input type="checkbox"/>							
CONFIDENCE TEST <input type="checkbox"/>	REPAIRS <input type="checkbox"/>	Sprinkler Monitoring Panel? <input type="checkbox"/>							
Occupancy Address: _____		Occupancy Name: _____							
Responsible Person First & Last Name: _____		Phone Number: _____							
Responsible Person Address, City, State, Zip: _____		Responsible Party E-Mail Address: _____							
Date of Inspection: _____		Inspection Frequency/Type: _____		Quarterly <input type="checkbox"/> (High-rise Only) Annual <input type="checkbox"/>					
Testers Name (Please Print): _____		SFD Certification Number: SCP - _____							
Identification Number: _____		System Location _____							
Central station monitoring? Yes <input type="checkbox"/> No <input type="checkbox"/>		Monitoring Company Name: _____							
Monitoring Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		System Model: _____							
System Make: _____									
<b><u>SEATTLE FIRE CODE VIOLATIONS FOUND:</u></b> (If additional room is needed, please add a separate sheet)									
<b><u>CORRECTIONS MADE:</u></b> Date Corrected: _____ Corrected By: _____ (If additional room is needed, please add a separate sheet) SFD Certification Number: SCP - _____									
This certifies that this fire and life safety system has been properly inspected for reliability to cover the Items listed in this report and is consistent with Seattle Fire Department Fire Code standards, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.									
Signature of Tester: _____ Phone # _____									
Building Representative (signature) _____									

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Seattle Fire Department Fire Code for inspecting and testing requirements.

## Alarm System Functionality

1. Trouble signal with AC power off?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. System operates properly on battery backup?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Battery voltage (no load) _____ volts			
4. Battery voltage (full load) _____ volts (signals operating)			
5. Charge circuit voltage _____ volts			
6. System operates properly on standby power?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. All signals operate on AC power?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Number of initiating circuits _____			
9. Number of signal circuits _____			
10. Does alarm system meet audibility standards as accepted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. All circuits checked for electrical supervision?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. All auxiliary equipment operates (Elevators, fans, dampers)?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Ventilation controls operate?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Key to panel available?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Materials and equipment needed to restore pull stations are available at the main panel, e.g. glass rods, and plates; keys and allen wrenches, etc?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Operating instructions at panel?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Trouble indicators function properly?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Remote Annunciator Panels function properly?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Elevator Call Down functions properly?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Test record posted at panel?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. General alarm automatic time delay _____ (minutes)	N/A <input type="checkbox"/>		
22. Was a signal received at the Central Station monitoring company?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Other Devices (Specify) _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>

System Devices	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
24. Bells, Horns, Chimes	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Voice Speakers (Voice Clarity)	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Visual Alarm Devices	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Smoke Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Heat Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. Duct Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. Sprinkler Flow Switches	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31. Sprinkler Supervisory Switches	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32. Manual Pull Stations	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. Annunciator(s)	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
34. Beam Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
35. Automatic Door Unlocks	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
36. Automatic Door Release	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
37. Fire Dampers	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Communication Equipment	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
38. Phone Sets	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
39. Phone Jacks	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
40. Call-in Signal	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>